

# EXPORT-IMPORT BANK OF THE UNITED STATES

## NOTIFICATION BY INSURED OF AMOUNTS PAYABLE UNDER MULTI-BUYER EXPORT CREDIT INSURANCE POLICY

Date: \_\_\_\_\_, \_\_\_\_\_

The undersigned insured hereby notifies the Export-Import Bank of the United States (Ex-Im Bank) that, in accordance with the information contained herein, it has assigned its interest to claim payment(s) which may become due under Policy Number \_\_\_\_\_ and, if an EUS policy, Insured Number \_\_\_\_\_. This Notification relates to:

- ☐ 1. All transactions covered by the policy:
- ☐ 2. All transactions with buyers in the following countries: \_\_\_\_\_
- ☐ 3. All transactions with the following buyers: \_\_\_\_\_
- ☐ 4. The following specific transaction(s): (Use additional sheets if necessary).

Country	Buyer	Contract Price of Sale or Gross Invoice Value of Shipment	Invoice Date or Number	Date Reported on Monthly Report Form
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- ☐ 5. Other--See 5 on Reverse.

This Notification is subject to the conditions set forth on the back of this form, and execution by the assignee and the insured shall constitute their acceptance of these conditions.

\_\_\_\_\_  
Name of **Assignee**

\_\_\_\_\_  
Assignee Address

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title and Date Signed

\_\_\_\_\_  
Print name of **Administrator** and **Contact Person** if applicable

\_\_\_\_\_  
**Insured** Name (as specified in the Declarations)

\_\_\_\_\_  
Insured Address

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title and Date Signed

\_\_\_\_\_  
Administrator Contact Person Signature and Date Signed

- ☐ Please list us in the Ex-Im Bank Lender Referral List as a potential **assignee** using the following name and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of **Broker** and Broker **Number** if applicable

The above notification is hereby acknowledged for the  
**Export-Import Bank of the United States**

By: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Title)

Date \_\_\_\_\_

PLEASE SUBMIT **FOUR** SIGNED ORIGINALS. **FIVE** if an EUS POLICY  
EXECUTED ORIGINALS WILL BE PROVIDED TO THE ASSIGNEE, INSURED, ADMINISTRATOR AND BROKER.

5. If Number 5 is checked, the insured and the assignee agree that:
- (i) there may be multiple assignments made to various assignees under this policy and Ex-Im Bank does not determine which assignee, if any, may have an interest in any particular claim payment; and
  - (ii) in the event the insurer approves the insured's claim for payment, a check will be issued payable to the order of the insured, unless the insured provides the name of an assignee on the "Notice of Claim and Proof of Loss", in which case a check will be forwarded to the assignee, made payable jointly to the order of the insured and the assignee named on the Proof of Loss.

### **Conditions of Notification**

- A. The assignee agrees that:
- 1. this notification is not an assignment of the policy, does not give the assignee any right to file a claim or sue under the referenced policy, does not create any duty or obligation to the assignee except as set forth in B. below;
  - 2. the insured's execution of a release and assignment in favor of the insurer shall bind the assignee; and
  - 3. this assignment shall not be constituted as a waiver of any policy terms and conditions.
- B. The insured agrees that its execution of this notification authorizes the insurer:
- 1. to release to the assignee all information and records relating to the insured's policy and claims; and
  - 2. to make all claim payments relating to this assignment by check forwarded to the assignee, made payable jointly to the order of the insured and assignee.

### **WHO TO CONTACT:**

Please send or ask your insurance agent, broker or administrator to submit this completed form to:

**EXPORT-IMPORT BANK OF THE U.S. INSURANCE DIVISION TEL (202) 565-3630 or 1-800-565-EXIM  
811 VERMONT AVENUE, NW, WASHINGTON, DC 20571 FAX (202) 565-3675 <http://www.exim.gov>**